

Buchanan County

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Community Health Needs Assessment Snapshot

Promote Healthy Behaviors

Problems/Needs:

- According to the Centers for Disease Control website, over 29% of adults age 20 and above are obese in Buchanan County, ranking in the next to highest category for the state of Iowa. Obesity leads to chronic disease such as circulatory complications, the greatest reason for hospitalizations of Buchanan County residents.
- According to the Community Health Status Report premature death risk factors (cancer and heart disease) behaviors: 81.5% report eating less than 5 fruits/vegetables per day; 32.1% reported no exercise; 29.7% were obese (BMI >30), and 22% currently use tobacco within Buchanan County.
- Cancer incidence ranks 11th in invasive cancer and in the top 20 of other cancer categories in Buchanan County according to the NAACCR. Age-adjusted rates of all cancer incidence (529.3/1,000,000), invasive cancer incidence (510.9/1,000,000), and cancer mortality (196.7/1,000,000) are well over state-wide levels of 511.2/1,000,000, 481/1,000,000 and 183.1/1,000,000 respectively.
- Lack of care in first trimester of pregnancy was 19.7%, higher than 2005 U.S. of 16.1% and Healthy People 2010 target of 10% according to Iowa Youth Collaborative. Additional indicators revealed low birth weight, premature births, and births to women age 40-54 were all higher than the Healthy People 2010 targets.
- 6th grader risky behaviors (2008) higher than state levels with 8 & 11 graders equal or lower than state levels according to the Iowa Youth Survey. Alcohol local/state: 12/5% current users, 27/15% have used; tobacco local/state: 6/2% current users, 10/4% have tried; "Other Drugs" local/state: 12/6% current users, while 19/9% ever used. Inhalants most often used, while marijuana usage was reported, also.

Prevent Injuries

Problems/Needs:

- The number one cause of death in the last ten years for adolescents and young adults were injuries: 56% of deaths in the 15-24 age group and 27% of deaths in the 25-44 age group according to the Iowa Department of Public Health.
- According to the Iowa Department of Public Health, motor vehicle injuries in Buchanan County were twice the rate of the U.S. National rate 31.4/100,000 compare to 14.6/100,000.

Protect Against Environmental Hazards

Problems/Needs:

- High rate of housing pre-1950 (44.9% local, 39.2% statewide) increases potential for high lead levels in children in Buchanan County according to the Iowa Department of Public Health. 77% of children had lead level test performed before 6 years of age in 2008 with 13/235 or 5% of the results over the threshold level of 10ug/dl.
- Buchanan County ranked in the top 30 for levels by county in Iowa for waste from hogs, nitrogen lost to the atmosphere and phosphorus in waste levels. Each of these was in the top 10% for Iowa counties.
- Buchanan County ranks in the top 30% of all counties nationwide in regards to air release of recognized developmental toxicants, PM-10 emissions according to the website score card.org hosted by Green Media Toolshed.
- Drinking water with high nitrates from flooded well water supplies occurs the majority of springs post-flooding according to results obtained from the Buchanan County Health Department.

Prevent Epidemics and the Spread of Disease

Problems/Needs:

- According to IDPH, CADE Annual Report 2007, the county experiences less than favorable values of enteric diseases. As of 2007, 9 cases of E Coli versus 4 "expected", 24 cases of Salmonella with 25 cases "expected", and 5 cases Shigella with 8 "expected." There has been an increase in enteric cases reported to the LPHA over the past 5 years.
- According to the Community Health Status Report for 2008, Buchanan County surpassed the "expected" 6 cases of pertussis with 12 and in 2009, the largest outbreak of pertussis in the county in the last 20 years was investigated.

Prepare for, Respond to, and Recover from Public Health Emergencies

Problems/Needs:

- Logistical changes within LPHA due to moving from hospital-based to county government services in 2010 along with an upcoming replacement of the Environmental Health Specialist with 30 some years of longevity causes an increased learning curve for LPHA staff regarding Public Health emergencies.

Strengthen the Public Health Infrastructure

Problems/Needs:

- According to the US Census Bureau, vulnerable populations within the county face barriers to accessing and receiving quality care. 2,135 are without a high school diploma, 449 unemployed, 479 severely work disabled, 1,180 experience major depression, 884 recent drug users, and 1873 under 65 years are uninsured. Complications include the limited public transportation available.
- Buchanan County does not house an adequate supply of health care providers as evidenced by the Health Care Provider Shortage status reported on the 2008 Community Health Status Report.

Community Health Improvement Plan

Goal	Strategies	Who is responsible?	When? (Timeline)
Decrease obesity in Buchanan County residents 20 years of age and older from 29% to 24%, risk of obesity in youth by increasing walk and bikeability of school routes from 0% to 50% of the towns in Buchanan County containing school buildings, and hospitalizations for circulatory complications from 533 to 522 (2%) reaching target goals for each by 2015.	Increase public education regarding exercise, proper nutrition, and stress management techniques, the lifelong effects of obesity, and importance of preventative screenings.	LPHA and BCHC	Summer 2012
	Complete current I-walk/SRTS process; expand programming to other cities in the county with school buildings to increase walk and bikeability of our cities and begin creating lifelong habits in our youth.	LPHA in cooperation with school districts and city officials, and UNI School of HPELS.	Independence completed 2011, add one city yearly thereafter (Fairbank, Jesup, Winthrop)
	Public campaign to increase public knowledge of indoor exercise options in winter months, focusing on free options within the county's communities.	LPHA	Fall 2011
	Investigate forming a coalition to decrease obesity within Buchanan County.	LPHA	Summer 2013

Goal	Strategies	Who is responsible?	When? (Timeline)
Increase the reporting of healthy behaviors as evidenced by the following: increase the number of individuals eating 5 fruits/vegetables per day from 18.5% to 23.5%, increase exercisers from 67.9% to 75% and decreasing current tobacco users from 22% to 20% by 2015.	Public education regarding the use of local Farmer Market in summer months.	LPHA in collaboration with Local Farmer Market Committee and Allen College of Nursing.	Summer 2012
	Public education of recommended intake of fruits and vegetables.	LPHA in collaboration with local grocery stores, Allen	Spring 2013

		College of Nursing, and other community agencies working with the adult population.	
	See above to increase exercise.		
	Continue support of tobacco cessation efforts through Buchanan County Tobacco Free Coalition and referral of information requestors to appropriate sources.	Pathways Behavioral Services, Volunteer Co-Op and LPHA	Ongoing

Goal	Strategies	Who is responsible?	When? (Timeline)
Maintain cancer rates without increase by 2017: All 529.3/1,000,000, Invasive 510.9/1,000,000, Mortality 196.7/1,000,000.	See previous strategies.		
	Educate public regarding preventive screenings.	LPHA	Fall 2012

Goal	Strategies	Who is responsible?	When? (Timeline)
Increase health of newborns by increasing prenatal care within the first trimester of pregnancy by 2% and decreasing low birth weight rates from 6.5% to 4.5% by 2015.	Continued support of evidence-based programs such as the HOPES programming through Advisory Board participation and collaborative efforts as requested by the performing agencies.	LPHA collaborating with the Buchanan County Volunteer Co-Op and other agency providers.	Ongoing

Goal	Strategies	Who is responsible?	When? (Timeline)
Decrease risky behaviors of pre-adolescent population (6th grade & below) from 12% to 7% for current alcohol users and 27% to 22% for those who have used alcohol, 6% to 4% for current tobacco users and 10% to 8% for those who have tried the substance, and 12% to 6% for current "other drug" users and 19% to 9% ever used "other drugs by 2020.	Education of students, parents, individuals working with youth and store clerks to increase awareness of reported use of risky substances earlier than 6th grade level and the chemicals used.	Buchanan County Tobacco Free Coalition in collaboration with LPHA and Allen College of Nursing	Fall 2013

Goal	Strategies	Who is responsible?	When? (Timeline)
Decrease death rates from unintentional injuries of adolescents and young adults from 56% to 54% in 15 - 24 year olds and 27% to 25% in 25 -44 year olds by 2020.	Investigate targeting this problem within the collaborative to decrease obesity by targeting the working class population in both areas.	LPHA	Summer 2013

Goal	Strategies	Who is responsible?	When? (Timeline)
Increase rates of lead level testing in children prior to 6 years of age from 77% to 83% by 2015.	Education of health care providers and parents within the county of recommended lead testing protocols.	LPHA in collaboration with Allen College of Nursing, WIC and School Nursing staff.	Fall 2013

Goal	Strategies	Who is responsible?	When? (Timeline)
Determine air quality baseline within Buchanan County by 2014.	Investigate purchase or rental of air quality control equipment or contracting of services to perform baseline tests.	LPHA - EH	Fall 2012
	Obtain baseline measures through selected means.		Summer 2013

Goal	Strategies	Who is responsible?	When? (Timeline)
Decrease Nitrate intake from well water sources by 5% by 2013. (Determine baseline from FY 2011 LPHA well water testing data.)	Continuation of Grants to Counties programming for well testing.	LPHA -EH	Summer 2011
	Educate public regarding recommendations for well water testing schedules.	LPHA -EH	Summer 2012

Goal	Strategies	Who is responsible?	When? (Timeline)
Decrease transmission of communicable disease as evidenced by a decrease in the number of disease cases (overall) reported to LPHA for investigation from 33 In FY 2009 to 22 in FY 2015.	Enhance disease surveillance throughout the county through partnering with the private sector to increase awareness and determine trending.	LPHA and private business	Fall 2011
	Continue initiation of disease investigations within guidelines as set forth by IDPH.	LPHA	Ongoing
	Increase public awareness of modes of disease transmission through education regarding proper food handling and additional means to decrease the spread of disease.	LPHA in collaboration with Allen College of Nursing and UNI School of HPELS	Spring 2013
	Build on relationship building, culturally sensitive educational materials, and clinics within the under-immunized populations that have been initiated.	LPHA in collaboration with Allen College of Nursing and UNI School of HPELS	Fall 2012

Goal	Strategies	Who is responsible?	When? (Timeline)
Trained public health workforce by 2012 as evidenced by completion of a minimum of 10 training modules each on the Learning Management System.	Hire additional workforce to fill vacancies, incorporate training time into orientation platform, investigate mentoring options within the LPHA and in neighboring LPHA when necessary.	LPHA	Summer 2011

Goal	Strategies	Who is responsible?	When? (Timeline)
Assist individuals with access to health care problems to locate appropriate health care services on an ongoing basis.	Maintain current listing of community resources for referral purposes, evaluate for gap services, collaborate with other entities to determine best means to fill gaps.	LPHA	Ongoing

Goal	Strategies	Who is responsible?	When? (Timeline)
Decrease the burden on primary health care providers and dentists within the county by 2015.	Support BCHC efforts to recruit additional primary care physicians, out-patient clinic health care providers, and ER primary health care providers to fill the gap of providers.	LPHA in collaboration with BCHC	ongoing